

**REQUEST
FOR CONTINUED EXAMINATION (RCE) TRANSMITTAL**

Address to: Commissioner for Patents Mail Stop RCE P.O. Box 1450 Alexandria, VA 22313-1450	Application Number	09/366,678
	Filing Date	08/04/1999
	First Named Inventor	Bellovin
	Group Art Unit	2665
	Examiner Name	Thien D. Tran
	Attorney Docket No.	113335C

This is a Request for Continued Examination under 37 C. F. R. § 1.114 of the above-identified application.

1) Submission required under 37 C. F. R. § 1.114	
a) <input type="checkbox"/> Previously submitted:	
i) <input type="checkbox"/> Consider the amendment(s) / reply under 37 C. F. R. § 1.116 previously filed on 12/09/02. (Any unentered amendment(s) referred to above will be entered).	
ii) <input type="checkbox"/> Consider the arguments in the Appeal Brief or Reply Brief previously filed on	
iii) <input type="checkbox"/> Other	
b) <input checked="" type="checkbox"/> Enclosed:	
i) <input checked="" type="checkbox"/> Amendment / Reply	
ii) <input type="checkbox"/> Affidavit(s) / Declaration (s)	
iii) <input type="checkbox"/> Sheet of Additional Drawing	
iv) <input checked="" type="checkbox"/> Petition for Extension of Time to Reply	
v) <input type="checkbox"/> Other	
2) Miscellaneous:	
a) <input type="checkbox"/> Suspension of action on the above-identified application is requested under 37 C. F. R. § 1.103(c) for a period of months. (Period of suspension shall not exceed 3 months. Fee under 37 C. F. R. § 1.17(l) required).	
b) <input type="checkbox"/> Other	
3) Fees: The RCE Fee under 37 C. F. R. § 1.17(e) is required by 37 C. F. R. § 1.114 when the RCE is filed.	
a) <input checked="" type="checkbox"/> The Director is hereby authorized to charge the following fees, or credit any overpayments, to Deposit Account No. 502,186	
i) <input checked="" type="checkbox"/> RCE Fee required under 37 C. F. R. § 1.17(e).	
ii) <input checked="" type="checkbox"/> Extension of time fee (37 C. F. R. §§ 1.136 and 1.17).	
iii) <input checked="" type="checkbox"/> Any Other Required Fee.	

CORRESPONDENCE ADDRESS

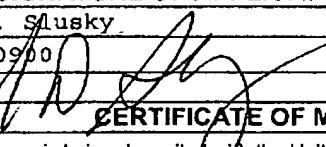
Customer Number or Bar Code Label Customer Number - Correspondence address below

NAME	Samuel H. Dworetzky			
ADDRESS	PO Box 4110			
CITY	Middletown	STATE	NJ	ZIP CODE
COUNTRY	USA			FAX

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED

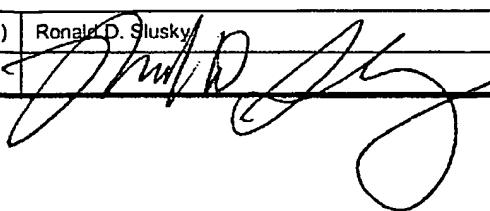
NAME	Ronald D. Slusky	REG. No.	26585
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TELEPHONE	732-249-0900	DATE	10/02/03
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SIGNATURE			
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CERTIFICATE OF MAILING AND TRANSMISSION

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail, with sufficient postage thereon, in an envelope addressed to: Commissioner for Patents, BOX RCE, Washington, D.C. 20231, or facsimile transmitted to the U. S. Patent and Trademark Office on this date: 10/02/2003

Name (Print/Type)	Ronald D. Slusky	Date	10/02/2003
Signature			

PATENT APPLICATION FEE DETERMINATION RECORD
Effective JANUARY, 2003

Application or Docket Number

093666 78

CLAIMS AS FILED - PART I

(Column 1) (Column 2)

TOTAL CLAIMS			
FOR		NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	28	minus 20=	* <i>RCE</i>
INDEPENDENT CLAIMS	4	minus 3 =	
MULTIPLE DEPENDENT CLAIM PRESENT			<input type="checkbox"/>

* If the difference in column 1 is less than zero, enter "0" in column 2.

SMALL ENTITY
TYPE

OR OTHER THAN
SMALL ENTITY

RATE	FEES
BASIC FEE	375.00
X\$ 9=	
X42=	
+140=	
TOTAL	

RATE	FEES
BASIC FEE	750.00
X\$18=	
X84=	
+280=	
TOTAL	

CLAIMS AS AMENDED - PART II

(Column 1) (Column 2) (Column 3)

AMENDMENT #	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	* 28	Minus	** 46	=
Independent	* 4	Minus	*** 7	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			<input type="checkbox"/>	

SMALL ENTITY

OR OTHER THAN
SMALL ENTITY

RATE	ADDI- TIONAL FEE
X\$ 9=	
X42=	
+140=	
TOTAL	

RATE	ADDI- TIONAL FEE
X\$18=	
X84=	
+280=	
TOTAL	

(Column 1) (Column 2) (Column 3)

AMENDMENT #	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	* 28	Minus	** 46	=
Independent	* 4	Minus	*** 7	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			<input type="checkbox"/>	

RATE	ADDI- TIONAL FEE
X\$ 9=	
X42=	
+140=	
TOTAL	

RATE	ADDI- TIONAL FEE
X\$18=	
X84=	
+280=	
TOTAL	

(Column 1) (Column 2) (Column 3)

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus	**	=
Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			<input type="checkbox"/>	

RATE	ADDI- TIONAL FEE
X\$ 9=	
X42=	
+140=	
TOTAL	

RATE	ADDI- TIONAL FEE
X\$18=	
X84=	
+280=	
TOTAL	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.